

# Get Moving Montgomery™

## REGISTRATION FORM



Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

T-Shirt Size: Adult: Sm Med Lg XLg Child: Sm Med Lg

Participant's First & Last Name	Birthdate	Gender

**WAIVER & RELEASE**

In consideration of my/our child's enrollment and participation in this program, I/we hereby waive and release any and all rights and claims for damages I/my child may have against the City of Montgomery, TriHealth Fitness & Health Pavilion, their employees, contractors, volunteers or representatives, for any and all injuries suffered in any activity sponsored by this group. I/we furthermore indemnify and save harmless the City of Montgomery for any and all loss and damage to person or property that may arise out of participation in this activity. By registering for, participating in or attending any TriHealth Fitness & Health Pavilion or City of Montgomery programs or parks, I agree to allow the publication of any photos taken at any program, event, class or facility of the City of Montgomery or TriHealth.

Signature \_\_\_\_\_

Date \_\_\_\_\_

